

Benefits-at-a-Glance: Mental Health-Substance Abuse

For Community Choice, Commonwealth Indemnity Plan, Commonwealth Indemnity Plan PLUS and Navigator by Tufts Health Plan

	COVERAGE	
PROVIDER	United Behavioral Health (UBH)	
TELEPHONE	1.888.610.9039	
WEBSITE	www.liveandworkwell.com (access code: 10910)	
BENEFITS	In-Network	Out-of-Network
Annual Deductible (Separate from the medical deductible and out-of-pocket maximum)	None	\$150 per person \$300 per family
Inpatient Care <i>Mental Health</i> General hospital Psychiatric hospital <i>Substance Abuse</i> ¹ General hospital or substance abuse facility <i>Per Admission Deductible</i>	100%, less deductible \$150 per calendar quarter (Indemnity) \$200 per calendar quarter (PLUS, Community Choice and Tufts Navigator)	80% ² , less deductible \$150 per admission
Intermediate Care ³ (Including, but not limited to, 24-hour intermediate care facilities, e.g., residential, group homes, halfway houses, therapeutic foster care, day/partial hospitals, structured outpatient treatment programs.)	100%	80%
Outpatient Care ³ (Including, but not limited to, individuals, family, group therapy, and medication management.) <i>Enrollee Assistance Program (EAP):</i> (Including, but not limited to, depression, marital issues, family problems, alcohol and drug abuse, and grief. Also includes referral services – legal, financial, family mediation, and elder care.)	First 4 visits: 100% Visits 5 and over: \$15 per visit	First 15 visits: 80% per visit Visits 16 and over: 50% per visit ⁴ No coverage for EAP
In-Home Mental Health Care ³	100%	First 15 visits: 80% per visit Visits 16 and over: 50% per visit ⁴
Provider Eligibility	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS

¹ Substance Abuse Incentive – Members reimbursed for inpatient and outpatient co-pays if they complete inpatient and post-discharge care.

² Out-of-network inpatient care that is not pre-certified is subject to a financial penalty.

³ Treatment that is not pre-certified receives out-of-network level reimbursement.

⁴ All outpatient out-of-network visits beyond session 15 require pre-authorization.